

*CASUALTY TYPE <input type="checkbox"/> HOSTILE <input type="checkbox"/> NON-HOSTILE <input type="checkbox"/> PENDING		CASUALTY FEEDER CARD For use of this form, see AR 600-8-1; the proponent agency is DCS, G-1.				*PERSONNEL TYPE <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER	
*CASUALTY STATUS <i>(BY MEDICAL PERSONNEL)</i> <input type="checkbox"/> NSI <input type="checkbox"/> SI <input type="checkbox"/> VSI		*SSN _____		*RANK _____		GS LEVEL _____ <input type="checkbox"/> DOD <input type="checkbox"/> DA <input type="checkbox"/> NON-GOVERNMENT	
DEATH <input type="checkbox"/> KIA <input type="checkbox"/> DWRIA <input type="checkbox"/> NBD		RACE/ETHNIC GROUP _____				COMPANY _____	
MISSING <input type="checkbox"/> DUSTWUN <input type="checkbox"/> CAPTURED LAST SEEN <i>(DATE/TIME/PLACE)</i> _____		*SERVICE _____		UIC _____		DMOS _____ PMOS _____	
HOR <i>(if known)</i> _____		INTERCEPTOR BODY ARMOR (IBA) <input type="checkbox"/> PASGT <input type="checkbox"/> SAPI <input type="checkbox"/> THROAT <input type="checkbox"/> DAP <input type="checkbox"/> GROIN <input type="checkbox"/> OTV <input type="checkbox"/> YOKE/COLLAR <input type="checkbox"/> OTHER		HELMET <input type="checkbox"/> PASGT <input type="checkbox"/> MICH <input type="checkbox"/> ACH <input type="checkbox"/> CVC <input type="checkbox"/> SHELL <input type="checkbox"/> NO SHELL		TRAINING/DUTY RELATED <input type="checkbox"/> YES <input type="checkbox"/> NO	
SPOUSE <input type="checkbox"/> YES <input type="checkbox"/> NO NAME _____ CHILDREN <input type="checkbox"/> YES <input type="checkbox"/> NO		EYE ARMOR <input type="checkbox"/> SWD <input type="checkbox"/> BLPS <input type="checkbox"/> OTHER _____		SPECS <input type="checkbox"/> NONE		INVESTIGATION REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING	
* <i>Indicates minimum required fields.</i>		AGE _____		HT/WT _____		HAIR _____	
		EYES _____		IDENTIFYING MARKS <i>(tatoos, scars, etc.)</i> _____			

DA FORM 1156, DRAFT

REPLACES DA FORM 1155, JUN 66, AND DA FORM 1156, JUN 66. WHICH ARE OBSOLETE.

VEHICLE GROUP/TYPE <input type="checkbox"/> HMMWV <input type="checkbox"/> STRYKER <input type="checkbox"/> APC (M113) <input type="checkbox"/> BRADLEY TANK _____ ENG _____ <input type="checkbox"/> ARTILLERY _____ <input type="checkbox"/> FMTV _____ <input type="checkbox"/> HELICOPTER _____ <input type="checkbox"/> OTHER _____ UP-ARMORED <input type="checkbox"/> YES <input type="checkbox"/> NO		*INCIDENT DATE/TIME _____		HOSPITAL _____	
		*PLACE OF INCIDENT _____		DEATH DATE/TIME _____	
		GRID _____		PRONOUNCED BY _____	
		*INFLECTING FORCE AND WEAPONS <input type="checkbox"/> ENEMY <input type="checkbox"/> IED <input type="checkbox"/> SAF <input type="checkbox"/> US <input type="checkbox"/> GRENADE <input type="checkbox"/> SVBIED <input type="checkbox"/> ALLY <input type="checkbox"/> MORTAR <input type="checkbox"/> VBIED <input type="checkbox"/> UNK <input type="checkbox"/> RPG <input type="checkbox"/> OTHER		PLACE OF DEATH _____	
				REMAINS: VISUAL ID <input type="checkbox"/> YES <input type="checkbox"/> NO BY: _____ MEANS USED: _____	
POSITION <i>(aboard)</i> _____		SIGNATURE OF PREPARER _____			
*CIRCUMSTANCES <i>(Detailed, factual account)</i> _____ _____ _____					
* <i>Indicates minimum required fields.</i>		DATE (YYYYMMDD) _____		APPROVED BY COMMANDER <i>(Field Grade Officer)</i> _____	

DA FORM 1156, DRAFT